- Sec. 8. NAC 441A.350 is hereby amended to read as follows:
- 441A.350 A health care provider shall notify the health authority within 24 hours of discovery of any case having active tuberculosis or any suspected case considered to have active tuberculosis who [fails]:
- 1. Fails to submit to medical treatment or who discontinues or fails to complete an effective course of medical treatment [.] prescribed by a health care provider in accordance with the recommendations, guidelines and publications adopted by reference pursuant to NAC 441A.200; or

- 2. Is a child less than 5 years of age, regardless of whether the child has received a bacillus Calmette-Guerin (BCG) vaccination, who has shown a positive reaction to the Mantoux tuberculin skin test or other recognized diagnostic test.
 - Sec. 9. NAC 441A.355 is hereby amended to read as follows:
- 441A.355 1. The health authority shall investigate each report of a case having active tuberculosis or *a* suspected case considered to have active tuberculosis to confirm the diagnosis, to identify any contacts, to identify any associated cases, to identify the source of infection and to ensure that the case or suspected case is under the care of a health care provider who has completed a diagnostic evaluation and has instituted an effective course of medical treatment [.] prescribed by a health care provider in accordance with the recommendations, guidelines and publications adopted by reference pursuant to NAC 441A.200.
- 2. The health authority shall, pursuant to NRS 441A.160, take all necessary measures within his or her authority to ensure that a case having active tuberculosis completes [an effective] the course of medical treatment prescribed by a health care provider in accordance with the recommendations, guidelines and publications adopted by reference pursuant to NAC 441A.200, or is isolated or quarantined to protect the public health. Except as otherwise provided in NRS 441A.210, if the case or suspected case refuses to submit himself or herself for examination or medical treatment, the health authority shall, pursuant to NRS 441A.160, issue an order requiring the case or suspected case to submit to any medical examination or test which is necessary to verify the presence of active tuberculosis and shall issue an order requiring the isolation, quarantine or medical treatment of the case or suspected case if he or she believes such action is necessary to protect the public health.

- 3. The health authority shall evaluate for tuberculosis infection any contact of a case having active tuberculosis. A tuberculosis screening test must be administered to a contact residing in the same household as the case or other similarly close contact. If the tuberculosis screening test is negative, the tuberculosis screening test must be repeated 8 to 10 weeks after the last date of exposure to the case having active tuberculosis. If the initial or second tuberculosis screening test is positive, the contact must be referred for a chest X ray and medical evaluation for active tuberculosis. Any contact found to have active tuberculosis or tuberculosis infection must be advised to complete [an effective] a course of treatment [in] that is:
- (a) Prescribed by a health care provider in accordance with the recommendations, guidelines and publications adopted by reference pursuant to NAC 441A.200; and
- (b) In accordance with the recommendations for the counseling of and effective treatment for a person having active tuberculosis or tuberculosis infection [in accordance with the guidelines of the Centers for Disease Control and Prevention as] adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.
- 4. A child or other high-risk contact whose initial tuberculosis screening test administered pursuant to subsection 3 is negative must be advised to take preventive treatment, unless medically contraindicated. Preventive treatment may be discontinued if the second tuberculosis screening test administered pursuant to subsection 3 is negative.
- 5. The health authority may issue an order for a medical examination to any contact who refuses to submit to a medical examination pursuant to subsection 3, to determine if he or she has active tuberculosis or tuberculosis infection.
 - **Sec. 10.** NAC 441A.370 is hereby amended to read as follows:

- 441A.370 1. Each correctional facility in this State shall develop and implement an infection control program to prevent and control tuberculosis infections within the correctional facility. The correctional facility shall consult with the health authority having jurisdiction where the correctional facility is located in developing and implementing the infection control program.
- 2. An employee, independent contractor or volunteer of a correctional facility who provides direct services to an inmate in the custody of the correctional facility and who does not have a documented history of a positive tuberculosis screening test shall submit to such test [upon initial employment by] before first commencing to work in the correctional facility.
- [2.] 3. An inmate [who is expected to remain] in the custody of a correctional facility [for at least 6 continuous months and who does not have a documented history of a positive tuberculosis screening test shall submit to such test upon initial detention in the correctional facility.
- —3.] must meet any applicable screening guidelines and recommendations set forth in the recommendations, guidelines and publications adopted by reference pursuant to NAC 441A.200.
- 4. If a tuberculosis screening test administered pursuant to subsection [1 or] 2 or 3 is negative, the person [shall] must be retested [annually.
- 4.] in accordance with any applicable testing guidelines and recommendations set forth in the recommendations, guidelines and publications adopted by reference pursuant to NAC 441A.200.
- 5. If a [skin] tuberculosis screening test administered pursuant to subsection [1 or] 2 or 3 is positive or if the person has a documented history of a positive tuberculosis screening test and

has not completed an adequate course of medical treatment, the person shall submit to a chest X ray and a medical evaluation to determine the presence of active tuberculosis.

- [5.] 6. Surveillance of employees, *independent contractors and volunteers* of a correctional facility and inmates must be maintained for the purpose of identifying any development of symptoms of active tuberculosis. If active tuberculosis is suspected or diagnosed, the case or suspected case must be cared for in a manner consistent with the provisions of NAC 441A.375.
- [6.] 7. If a case having active tuberculosis is located in a correctional facility, the medical staff of the correctional facility shall carry out an investigation *in cooperation with the local health authority having jurisdiction where the correctional facility is located* for contacts in a manner consistent with the provisions of NAC 441A.355.
- [7.] 8. The medical staff of the correctional facility shall submit a report to the health authority having jurisdiction where the correctional facility is located within 7 days after initiating an investigation required pursuant to subsection 7. The report must include, without limitation, the name, sex, date of birth, address and lab result of each person who may have been exposed to tuberculosis as a result of the case having active tuberculosis.
- **9.** A person who has tuberculosis infection but does not have active tuberculosis must be offered a course of preventive treatment unless medically contraindicated.
- [8.] 10. Any action carried out pursuant to this section and the results thereof must be documented in the person's medical record.
 - Sec. 11. NAC 441A.375 is hereby amended to read as follows:

- 441A.375 1. A case having tuberculosis or *a* suspected case considered to have tuberculosis in a medical facility, a facility for the dependent or *an* outpatient facility must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.
- 2. A medical facility, a facility for the dependent, a home for individual residential care or an outpatient facility shall maintain surveillance of employees and independent contractors of the facility or home, who provide direct services to a patient, resident or client of the facility or home, for tuberculosis and tuberculosis infection. The surveillance of such employees and independent contractors must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.
- 3. Before [initial employment, a person employed] an employee or independent contractor described in subsection 2 first commences to work in a medical facility, a facility for the dependent, a home for individual residential care or an outpatient facility [shall], the employee or independent contractor must have a:
- (a) Physical examination or certification from a [licensed physician] health care provider which indicates that the [person] employee or independent contractor is in a state of good health [,] and is free from active tuberculosis and any other communicable disease [in a contagious stage;] which may, in the opinion of that health care provider, pose an immediate threat to the patients, residents or clients of the medical facility, facility for the dependent, home for individual residential care or outpatient facility; and

- (b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.
- → If the employee *or independent contractor* has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. [A single] An annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or a designee thereof [or another licensed physician] determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination [.] at least annually. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.
- 4. An employee [with] or independent contractor described in subsection 2 who has a documented history of a positive tuberculosis screening test is exempt from screening with blood or skin tests or chest radiographs. [unless the] Such an employee or independent contractor must be evaluated at least annually for signs and symptoms of tuberculosis. An employee or independent contractor who develops signs or symptoms which are suggestive of tuberculosis [.] must submit to diagnostic tuberculosis screening testing for the presence of active tuberculosis as required by the medical director or other person in charge of the applicable facility or home, or his or her designee.
- 5. [A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.

- 6.] Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines [of the Centers for Disease Control and Prevention as] adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.
- [7.] 6. A medical facility shall maintain surveillance of employees and independent contractors described in subsection 2 for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee [shall] or independent contractor must be evaluated for tuberculosis.
- [8.] 7. As used in this section, "outpatient facility" has the meaning ascribed to it in NAC 449.999417.
 - Sec. 12. NAC 441A.380 is hereby amended to read as follows:
- 441A.380 1. Except as otherwise provided in this section, [before admitting a person to a medical facility for extended care, skilled nursing or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility.
- 2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing or intermediate care shall:
 - (a) Before admitting a person to the facility or home, determine if the person:
 - (1) Has had a cough for more than 3 weeks;

- (2) Has a cough which is productive;
- (3) Has blood in his or her sputum;
- (4) Has a fever which is not associated with a cold, flu or other apparent illness;
- (5) Is experiencing night sweats;
- (6) Is experiencing unexplained weight loss; or
- (7) Has been in close contact with a person who has active tuberculosis.
- (b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless [there]:
- (1) The person had a documented tuberculosis screening test within the immediately preceding 12 months, the tuberculosis screening test is negative and the person does not exhibit any of the signs or symptoms of tuberculosis set forth in paragraph (a); or
- (2) There is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner.
- (c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. [After]
- 2. Except as otherwise provided in this section, after a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a [single]

[or another licensed physician] determines that the risk of exposure is appropriate for [a lesser frequency of] testing at a more frequent or less frequent interval and documents that determination [.] at least annually. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.

- 3. A person with a documented history of a positive tuberculosis screening test is exempt from [skin testing and routine] annual *tuberculosis screening tests and* chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of *signs or* symptoms of tuberculosis.
- 4. If the staff of the facility or home determines that a person has had a cough for more than 3 weeks and that the person has one or more of the other symptoms described in paragraph (a) of subsection [2,] 1, the person may be admitted to the facility or home if the staff keeps the person in respiratory isolation in accordance with the guidelines [of the Centers for Disease Control and Prevention as] adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis.
- 5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home or, if he or she has already been admitted, shall not allow the person to remain in the facility or home, unless the

facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider [determines]:

- (a) Determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he or she is no longer infectious : and
- (b) Coordinates a plan for the treatment and discharge of the person with the health authority having jurisdiction where the facility is located.
- 6. A health care provider shall not determine that the person does not have active tuberculosis or certify that a person with active tuberculosis is not infectious pursuant to subsection 5 unless [the]:
- (a) The person has been on a prescribed course of medical treatment for at least 14 days; and
- (b) The health care provider has obtained not less than three consecutive negative sputum AFB smears which were collected on separate days.
- [6.] 7. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis , [. The recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention] as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.
- [7.] 8. The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the

guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.

[8.] 9. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person's medical record.